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February 23, 2006

TO: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

FROM: Paul Higa *Paul Higa for*
Chief Probation Officer

SUBJECT: **DEPARTMENT OF JUSTICE SETTLEMENT AGREEMENT –
FOURTH QUARTER COMPLIANCE PROGRESS REPORT**

On November 23, 2004, the Board instructed the Chief Probation Officer to work with the County Counsel, the Directors of the Departments of Health Services (DHS) and Mental Health (DMH), the Superintendent of the Los Angeles County Office of Education (LACOE), and any other impacted County department or agency, to submit quarterly progress reports to the Board regarding corrective action taken related to the Department of Justice settlement agreement. This is the fourth quarterly report primarily covering October 1, 2005 through December 31, 2005; however, this report also covers July 1, 2005 through September 30, 2005, as the DOJ Monitor's Second Semi-Annual Report was completed in early October 2005, and we delineated the DOJ's concerns in our proposed plan of October 27, 2006 to the Chief Administrative Office to address the pending issues to achieve compliance with the Settlement Agreement.

STATUS OF PROVISIONS OVERVIEW

The following is an update on the status of the provisions:

Twelve of the 50 settlement agreement provisions (24%) have been approved for formalized monitoring by the DOJ. However, as further detailed, the Monitors raised significant concerns regarding the County's compliance with certain other provisions related to the management of suicidal youth, staffing, use of force, rehabilitation, and youth-on-youth violence. These concerns are being addressed with the additional resources your Board approved on January 31, 2006.

The County has requested the Monitors to review and assess the progress made on 11 additional County-related provisions for the purpose of granting formalized

monitoring status. A review of these provisions was conducted during the recent monitoring visits of January 30, 2006 to February 11, 2006. The Monitors' results should be available within two weeks and will be included in the next progress report.

SUMMARY OF COUNTY'S PROGRESS: OCTOBER 2005 – DECEMBER 2005

Overall, the Lead Monitor reports that the County continues to make substantial progress in implementing the settlement agreement provisions; however, as reported to your staff on October 6, 2005, and as outlined in the Monitors' *Key Observations* section of this report, the Monitors raised significant concerns regarding the County's compliance with the following provisions:

- Management of Suicidal Youth (Provision #25);
- Staffing (Provision #27);
- Use of Force (Provision #29);
- Rehabilitation (Provision #33); and
- Youth-on-Youth Violence (Provision #35).

On October 11, 2005, your Board instructed the Probation Department, in conjunction with the Chief Administrative Officer (CAO) and the Director of Personnel to develop a plan that would address all of the pending issues to fully implement the remaining DOJ findings in their Second Semi-Annual Monitoring Report, and report back with a plan to fully implement the DOJ's requirements, including staffing levels, additional training and programming needs, and specific changes.

The Probation Department submitted its proposed plan of October 27, 2005 to the CAO, which was developed to achieve ongoing compliance with the settlement agreement. The plan identified \$17.9 million to fund 270.0 additional peace officer line positions as the resources necessary to 1) increase safety for detained youth and juvenile hall staff; 2) ensure proper training of staff in new policies and practices; and 3) properly support the consistent delivery of new and existing services.

In January 2006, the CAO prepared a Board memorandum dated January 12, 2006 entitled "Plan to Fully Implement the Department of Justice Requirements". The CAO recommended 237 Probation line positions and 10 DMH positions for the three juvenile halls as included in their mid-year Appropriation Adjustments to Various Budget Units request to your Board, which was approved on January 31, 2006. Of these positions, 94 positions are designated for the three juvenile halls to specifically improve supervision and treatment of self-harming and suicidal minors. We expect that this additional staffing, along with proper training, will address these concerns.

In addition, on January 26, 2006, the Probation Department provided your Board a written plan to specifically address the Monitors' concerns regarding the management of suicidal youth within the three juvenile halls, entitled, "Plan to Address Department of Justice and Monitor Concerns – Settlement Agreement Provision #25, Management of Suicidal Youth". As referenced on page seven on the attached matrix, we have provided a detailed

summary of the County's actions taken to date to address the DOJ's and Monitors' concerns related to this provision.

In addition, during the most recent monitoring visit in late January and early February, 2006, the monitors expressed some concern regarding our restraint practices, which have since been modified.

SUMMARY OF LACOE'S PROGRESS: OCTOBER 2005 – DECEMBER 2005

LACOE continues to maintain ongoing dialogue with the Education Monitors regarding the improvement of educational services provided to students in the juvenile halls. During this fourth quarterly period, LACOE has implemented several of the Education Monitors' recommendations in the areas of Special Education services and English Learner (EL) services. LACOE is making progress to improve special education and EL services, i.e., strategically redeploying staff, revising the comprehensive EL Plan to increase the services provided for EL students, and increasing the budget to hire additional staff to provide special education services. The various training components for LACOE staff outlined in the action plan have begun at each juvenile hall.

Although LACOE is achieving progress in the desired outcomes, the Monitors have noted that LACOE has not yet achieved substantial compliance in any of the five areas of the Settlement Agreement. From their observations, both of the Education Monitors have listed the need for additional staffing, a consistent pool of available substitute teachers, and continued collaboration with Probation to address facility issues as some of the resources and strategies needed to achieve substantial compliance.

FOURTH QUARTER GOALS & MONITORS' FINDINGS

Each of the agencies continues ongoing dialogue with the Monitors in an effort to implement the necessary changes in accordance with the Settlement Agreement. During this reporting period, the Monitors conducted various monitoring visits of the three juvenile halls, which included visiting with staff and administrators, reviewing records, observing specialized meetings, providing out-briefings to agency administrators at the conclusion of their visit, providing written reports confirming their observations to the Lead Monitor, providing comments regarding their observations on all provisions, including affirmations of progress, reemphasis of areas of continuing concern, and making suggestions for strengthening existing provisional compliance plans.

Written reports from the various Monitors formed the basis for the DOJ Monitors' *Second Semi-Annual Monitoring Report*, which was issued by the DOJ's Lead Monitor on October 4, 2005.

Fourth Quarter Goals

In addition to working continuously to fully implement the various Action Plans for each provision of the Settlement Agreement, the goals for this reporting period were as follows:

- Address some mutually, agreed-upon adjustments to various Action Plans;
- Continue development of policies and procedures to support the Action Plans; and
- Refine the auditing and/or measurement tools used to determine compliance levels.

Monitors' Findings

The Monitors' report indicates that the County and LACOE have met the conditions established for the reporting period. The following section provides additional key observations noted by the monitors over this reporting period for each of the impacted County departments and LACOE.

MONITORS' KEY OBSERVATIONS

➤ Department of Health Services – Juvenile Court Health Services

- Medically fragile minors are being tracked appropriately as they move between facilities. *(Formalized monitoring approved for Provision #39, Youth With Special Needs, effective June 1, 2005.)*
- Medical records are being safely and securely transported between facilities. *(Formalized monitoring has been requested for Provision #41, Medical Records Transfer, with an effective date of November 1, 2005.)*
- Minors' side effects from psychotropic medications are being tracked and recorded appropriately. *(Formalized monitoring was approved for Provision #14, Record-Keeping, effective July 1, 2005.)*
- Minors' interactions with medical personnel are occurring with appropriate safeguards for confidentiality. *(Formalized monitoring was approved for Provision #42, Confidentiality, effective June 1, 2005.)*
- Minors are being routinely transported to medical appointments – *(Formalized monitoring has been requested for Provision #40, Transportation to Outside Appointments, with an effective date of October 1, 2005.)*
- Juvenile Court Health Services (JCHS) is preparing to implement an eye clinic at Central Juvenile Hall by April 1, 2006 (Provision #44, Eyeglasses).

➤ **Los Angeles County Office of Education**

- The Monitors have noted improvement in the following: Implementing a systematic student records retrieval and scanning process; conducting Individual Education Plan (IEP) meetings; parent (and surrogate parent) participation; the Student Planning Team (SPT) process; and the inclusion of Probation, Mental Health, Juvenile Court Health Services and other agencies in the IEP process and related educational services for minors.
- There is significant improvement in the implementation of the records retrieval process and scanning of student records into the database. There should be continued efforts to increase the follow-up of requesting student records if these records have not been received after the initial request. Some records are still not received in a timely manner.
- Although progress has been made by LACOE staff in reviewing student records of new enrollees, there needs to be increased improvement in this process to ensure that the records of minors received are being reviewed in a more timely manner to expedite the facilitation of appropriate Special Education services.
- LACOE must ensure that Mental Health and other agencies are provided education-related cross training by LACOE as outlined in the action plan.
- Individual Educational Plan (IEP) meetings are being held within legal time frames; however, annual or triennial IEP meetings are not always held within the timelines.
- There has been increased collaboration with Probation, Mental Health, Health Services, and other appropriate agencies to gather information and input in the SPT and IEP meetings.
- There has been an increase in the provision of required services for minors with IEPs; however, LACOE needs to ensure that students are consistently provided Speech and Language Services and Designated Instruction Services (DIS) as required in the IEP.
- There have been increased efforts to collaborate with Mental Health to ensure that identified students are routinely provided AB 3632 services.
- The Transition Planning goals for minors must be measurable. Additional and ongoing training for staff is necessary in this area.
- English Learner (EL) services are provided at all three facilities. The "New Comers" classes for EL students who score at the beginning and low-intermediate level on the California English Language Development Test have also been implemented in the halls. It is recommended that there is a consistent "EL Staff Leader" at each hall

to ensure that all EL duties to support the instructional process are completed on a daily basis.

➤ **Department of Mental Health**

- Mental Health remains diligent in securing high quality psychiatric coverage for the three juvenile halls and continually assesses their ongoing service provision needs. *(Formalized monitoring has been requested for Provision #8, Staffing, with an effective date of December 1, 2005.)*
- Youth are being routinely screened for serious mental health issues upon admission to juvenile hall. *(Formalized monitoring was approved, effective June 1, 2005.)*
- Assessments are being completed in a timely manner, although the overall content and quality of the assessment varies by clinician. *(Formalized monitoring has been requested for Provision #10, Assessments, with an effective date of November 1, 2005.)*
- Treatment Planning has improved at the three juvenile halls since the last monitoring period; however, there are concerns regarding the service level provided by the contracting agencies.
- Case management and counseling services have shown some improvement in concert with the implementation of the Individualized Behavior Management Planning (IBMP) process at the three juvenile halls. Some concerns remain regarding the aftercare plan documentation.
- Psychotropic medications are being appropriately prescribed and monitored by Psychiatrists. *(Formalized monitoring has been requested for Provision #17, Psychotropic Medications, with an effective date of August 1, 2005.)*
- Timely clinical follow-up assessment of minors on enhanced supervision levels for suicidal and/or self-harming behaviors (Level II and Level III) is not occurring as required, especially when minors move between facilities.

➤ **Probation Department**

- The safety of suicidal youth at the juvenile halls is an ongoing concern (Management of Suicidal Youth – Provision #25). The major concerns centered around inadequate monitoring of high-risk juveniles; inadequate staffing; inadequate environmental assessments; high-risk housing cells required modification to protect youth from engaging in self-harming behaviors; and minors who are considered Level III, high suicide risks, required supervision on a one-to-one basis.
- Achievement of substantial compliance for several of the provisions (#25 – Management of Suicidal Youth, #29 – Use of Force, #33 – Rehabilitation, and #35 –

Youth-on-Youth Violence) is being hampered by inadequate staffing levels noted, observed and reported throughout the three juvenile halls. Safety for staff and youth requires an adequate staff to youth ratio. The absence of a safe environment represents a significant liability for the County and impedes virtually all proactive programming efforts at the three juvenile halls.

- The reported uses of force have increased 12.5 percent between 2003 and 2004; youth violence within the three juvenile halls continues to increase. Youth-on-youth violence statistics for calendar years 2003 and 2004, as well as the first six months of 2005, show an upward trend of fights and assaults. Bureau-wide, the incidents of violence have increased from 2,094 in 2003 to 2,352 in 2004, a 12 percent increase;
- Staff are being trained in new crisis management techniques and appear to be employing them; however, inconsistent and/or inadequate staffing levels throughout the facilities consistently impact their ability to promote an effective behavior management program designed to reduce and/or control the levels of violence (fights and assaults) within the facilities.
- Staff within the three juvenile halls are utilizing the new Safe Crisis Management techniques and are relying on their newly acquired de-escalation skills with increasing frequency. *(Formalized Monitoring was approved for Provision #30, Supervision of Youth, effective December 1, 2005.)*
- The County and LACOE are making progress in creating a facility-wide behavior management program in the juvenile halls; however, it is indicated elsewhere in the reports (Provisions #27, Staffing, and Provision #29, Uses of Force), that the implementation and maintenance of the behavior management programs will be hampered by inadequate or inconsistent staffing.
- As part of the Behavior Management Program, the juvenile halls should incorporate a short-term substance abuse component into its behavior management program (Provision #33 - Rehabilitation). A substance abuse program for minors who remain in custody for longer periods of time needs to be developed (Provision #16 - Substance Abuse).
- The creation and implementation of additional CARE-type units for mentally ill youth was strongly recommended and will positively impact youth-on-youth violence.
- Probation is providing an effective grievance system for court wards, which should be further strengthened through effective response processes. *(Formalized monitoring is being requested for Provision #38, Grievances, with an effective date of October 1, 2005.)*

- The training of staff in mental health issues is ongoing. (*Formalized monitoring is being requested for Provision #20, Understanding Mental Health Needs, with an effective date of February 1, 2006.*)
- Incidents involving the use of Oleoresin Capsicum Spray (OC Spray) have been greatly reduced from 1,431 incidents in 2001 to 159 incidents in 2005.
- Incidents of youth-on-youth violence and use of force are immediately administratively reviewed. These incidents receive further scrutiny in weekly meetings attended by supervisors and managers. Strategies were proffered by the Monitors to improve the outcomes of these meetings.
- All agencies are involved in Individual Behavior Management Planning meetings where specialized programs are being created for minors who require such programming.

MONITORING STATUS OF COUNTY & LACOE PROVISIONS UPDATE

Thus far, 12 of the 50 settlement agreement provisions (24%) have been approved for formalized monitoring by the DOJ as follows:

<u>Provision #</u>	<u>Subject of Provision</u>	<u>Responsible Agency</u>	<u>Effective Date</u>
#9	Screening	DMH	June 1, 2005
#14	Record-Keeping	DMH & JCHS	July 1, 2005
#21	Housing of Youth with Disabilities	Probation	June 1, 2005*
#30	Supervision of Youth	Probation	Dec. 1, 2005**
#34	Group Punishment	Probation	June 1, 2005*
#36	Youth Movement between Halls	Probation	July 1, 2005
#39	Youth with Special Needs	JCHS	June 1, 2005
#42	Confidentiality	Prob. & JCHS	June 1, 2005
#51	Security	Probation	Dec. 1, 2005
#67	Consent Forms	Prob., JCHS & DMH	June 1, 2005
#69	Document Review	All Agencies	Sept. 1, 2005
#68	Implementation Plan	All Agencies	June 1, 2005

* *Not noted in the Monitor's report, but has been granted formalized monitoring status.*

** *The County has been granted formalized monitoring status. LACOE is pending implementation of this provision. LACOE and Probation are monitored separately for Provisions #20, #22, and #30.*

In addition, the County has requested the Monitors to review and assess the progress made on the 11 provisions noted ahead for the purpose of granting formalized monitoring status. These provisions were reviewed by the Monitors during their recent monitoring visits scheduled from January 30, 2006 to February 11, 2006. The results will be covered in the next quarterly report.

<u>Provision #</u>	<u>Subject of Provision</u>	<u>Responsible Agency</u>
#8	Mental Health Staffing	DMH
#10	Mental Health Assessments	DMH
#17	Psychotropic Medications	Probation
#18	Restraints for Mental Health Crises	Probation
#19	Access to Care for Medical Services	Probation
#20	Staff Understand Mental Health Needs	Probation, DMH & JCHS
#37	Orientation to Juvenile Hall	Probation
#38	Grievances	Probation
#40	Transportation to Outside Appointments	Probation
#41	Medical Records Transfer	JCHS
#43	Access to Care for Mental Health Services	Probation

A detailed matrix outlining the current status of each provision is attached.

Auditor-Controller's Oversight of the Quality Assurance Team

The Auditor-Controller continues to provide oversight of the Quality Assurance (QA) Team which consists of representatives from DHS, DMH, LACOE, and Probation. The QA Team is responsible for monitoring 43 of the 50 settlement agreement provisions. (The remaining seven provisions are administrative-related and do not require formal monitoring by the Auditor-Controller.)

The QA Team monitors the progress of DHS, DMH, LACOE, and Probation to implement the 43 provisions. The monitoring is conducted monthly at each of the three juvenile halls. The QA Team discusses its findings with management of the respective departments, the Project Manager, and the DOJ monitors. The results of the QA Teams reviews support the DOJ's assessment of the County's progress to implement the paragraphs.

County Counsel, DHS, DMH, LACOE, and the Auditor-Controller concur with this report. Our next quarterly compliance progress report will be submitted in April, 2006, covering January 1, 2006 through March 31, 2006. The agencies will continue to implement the necessary changes and identify and proffer additional provisions for formalized monitoring assessment by the DOJ. We will continue to apprise your Board of any significant developments.

If you have any questions, please contact me at (562) 940-2501, or your staff may contact Ron Barrett, Chief, Detention Services Bureau at (562) 940-2503.

PH:RB:

c: Violet Varona-Lukens, Executive Officer, Board of Supervisors
David E. Janssen, Chief Administrative Officer
J. Tyler McCauley, Auditor-Controller
Raymond G. Fortner, Jr., County Counsel
Dr. Thomas Garthwaite, Director, Department of Health Services
Dr. Marvin J. Southard, Director, Department of Mental Health
Dr. Darline P. Robles, Superintendent, Los Angeles County Office of Education

DEPARTMENT OF JUSTICE SETTLEMENT AGREEMENT
4th QUARTERLY COMPLIANCE STATUS REPORT
October 1, 2005 to December 31, 2005

SETTLEMENT OBJECTIVES	RESPONSIBLE AGENCY	STATUS	PROGRESS SUMMARY
8. Staffing: The County shall staff the Juvenile Halls with sufficient qualified mental health professionals to meet the serious mental health needs of the Juvenile Halls' population. Staff shall be sufficient to screen incoming youth; complete specialized mental health assessments; timely and accurately diagnose mental illness, substance abuse disorders, and mental retardation; provide ongoing treatment; respond to crisis situations and provide follow-up care in a timely manner; coordinate with other staff to meet youths' needs; monitor youth on psychotropic medication; track laboratory results; and develop treatment plans where appropriate.	DMH	Implemented Consideration for Formalized Monitoring has been Requested	DMH has filled the majority of the positions for the Juvenile Hall Mental Health programs; this includes the majority of the additional supervisory positions. DMH remains diligent in securing high quality psychiatric coverage for the juvenile halls. DMH currently has both psychology and social work internship programs in the halls. Barriers to achieving full staffing include stigma associated with the correctional setting, hall location, and lack of space. DMH continues to assess whether the current level of staffing will be sufficient to meet the terms of the Settlement Agreement ("SA"). As the DOJ and the Monitor's evaluate progress and more clearly delineate the expectations under the SA, higher staffing patterns may be needed to achieve full compliance.
9. Screening: The County shall develop and implement policies, procedures, and practices for initial mental health screening to allow the identification of previously diagnosed and potentially existing mental health or substance abuse disorders, including potential suicidality. The County and LACOE shall develop and implement a system for LACOE to refer youth for mental health services when LACOE personnel have identified such needs.	DMH	Implemented Formalized Monitoring Initiated On June 1, 2005	Formalized monitoring for this provision was initiated on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.
10. Assessments: The County shall develop and implement policies, procedures, and practices for mental health assessments to timely and accurately diagnose mental illness, substance abuse disorders, and mental retardation, including potential suicidality. The County shall ensure that youth whose serious mental health and developmental disability needs cannot be met at the facility are transferred to settings that meet their needs.	DMH	Implemented Consideration for Formalized Monitoring has been Requested	Youth who have a positive screen on the MAYSI receive an assessment by the Mental Health staff. The DOJ monitors found that the DMH assessment short format was routinely completed in a timely manner (within 14 days) 90% of the time. The relevant history is included approximately 60% of the time. The County has instituted a checklist in order to identify youth with co-occurring disorders, which is being conducted with 90% of incoming youth. Diagnostic impressions are occurring just over 60% of the time. Action has been taken to increase the access to placements within acute hospital settings for youth in need of immediate services. This is an area that continues to be developed and protocols established. The Monitors recommended that the County consider enhancing its evaluation process to better assure that evidence of developmental disabilities are assessed and, if needed, to make appropriate referrals for services. The possibility exists that the current process which identifies such youths may be inadequate.
11. Treatment Planning: The County shall develop and implement policies, procedures, and practices for interdisciplinary treatment planning for youth with serious mental health needs, which would allow for the ongoing identification, goal setting, and monitoring of youths' target symptoms. As permitted by law, a representative of LACOE shall share information with regard to the youth's academic performance, and shall also be responsible for sharing needed information from the treatment planning process with education professionals serving those youth.	DMH	Pending Implementation	The monitors indicated that the treatment plan that the County has developed since the last monitoring period is excellent and is currently being implemented in all three facilities. Treatment planning in general has improved significantly since the last report due to the implementation of Individualized Behavior Management Planning (IBMP) in each of the facilities for youths that are experiencing behavioral or other kinds of problems. Representatives from Probation, JCHS, DMH and LACOE typically participate in this reviews. At times the youth participates in a part of the review. This process is laudatory and has show significant growth. Areas that require continued improvement pertain to aligning the recommendations from the treatment plans with the assessment information that was gathered, and improved documentation in the clinician's notes of the interventions that are being implemented. The Monitors indicate that minors who were assigned to DMH contract providers were not seen by many of the contracting agencies as required. This is a critical issue that needs to be addressed immediately. There does not appear to be any conclusive evidence that contracted employees from these private agencies are consistently following up with either the County or the youth.

DEPARTMENT OF JUSTICE SETTLEMENT AGREEMENT
4th QUARTERLY COMPLIANCE STATUS REPORT
October 1, 2005 to December 31, 2005

SETTLEMENT OBJECTIVES	RESPONSIBLE AGENCY	STATUS	PROGRESS SUMMARY
12. Case Management: The County shall develop and implement policies, procedures, and practices for case management, which would allow for the implementation of the treatment plans and ensure that treatment planning follows each youth from facility to facility.	DMH	Pending Implementation	<p>The Monitors indicate that treatment plan coordination and care management have been significantly improved by the IBMP process. It appears that probation staff make youths available to their counselor/mental health worker. It was suggested that the County continue to expand and use the IBMP process as a way of effectively coordinating care and implementing effective treatment plans. It appears that if a youth is transferred from one facility to another, his/her IBMP is also transferred, which provides for continuity of care by the involved agencies.</p> <p>The summaries are being transferred in a timely and effective manner between facilities to inform the receiving facility that the youth needs mental health treatment. However, aftercare plans are occurring approximately 20% of the time, and substance abuse interventions are included in the plan approximately 25% of the time. The QA tool for this paragraph is being revised to address these concerns. These are areas of current focus for the County.</p>
13. Counseling Services: The County shall develop and implement policies, procedures, and practices to ensure the availability of sufficient and adequate counseling services that meet the goal of ameliorating target symptoms of identified mental illness.	DMH	Pending Implementation	<p>The Monitors indicate that there is considerable evidence that counseling services provided to youth have continued to improve. The County is administering the Brief Screening Inventory (BSI) to youth at intake and re-administering the assessment 21 days later in order to assess improvement. These reductions in these scores have demonstrated that the facilities are making an impact on the youth's acuity levels. CJH has been the most effective in this area. LP and BJN lag behind in providing an appropriate level of counseling services as reflected on the BSI. Most living units have mental health counselors assigned to, or even housed on, the units. The level of cooperation and interaction of probation staff and mental health staff varies slightly from unit to unit. The implementation of the IBMP process has allowed a multi-disciplinary team to develop individualized goals and structures to address the needs of each minor referred to the team, which further enhances available counseling resources.</p>
14. Record keeping: The County shall develop and implement a system to provide for adequate tracking of laboratory results and response to medication including side effects, adequate documentation of mental health services, and compilation of complete records. The system shall include documentation of those goals of mental health counseling and progress toward those goals.	DMH	Formalized Monitoring Initiated on July 1, 2005	<p>Formalized monitoring for this provision was initiated on July 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.</p>
15. Individualized Behavior Modification: The County shall develop and implement individualized behavior modification programs for individual youth where appropriate. If warranted, LACOE will develop and implement Behavior Support Plans, which will be incorporated into youths' Individual Learning Plans. If a special education pupil requires a Behavior Support Plan or Behavior Intervention Plan, the IEP team shall include this need in the IEP.	DMH PROB	Pending Implementation	<p>Probation and DMH have proposed strategies for providing individualized behavioral programs for youth and continue to collaborate and provide those specialized programs for identified minors. All three juvenile halls are utilizing the IBMP process to develop individualized behavioral plans to meet the needs of minors with behavioral difficulties. This quality of this process has shown significant growth in the last nine months. The audit tool for this paragraph has been created and is awaiting Monitor review and approval in February, 2006</p>
16. Substance Abuse: The County shall develop and implement policies, procedures, and practices to address substance use disorders appropriately.	DMH PROB	Pending Implementation	<p>The DOJ Monitors acknowledge that there are two populations of youth within the facilities; youth who are incarcerated for a short amount of time, and youth who are incarcerated for longer periods. Because of this, there should be different levels of intervention depending on the amount of time the youth is incarcerated. In their October, 2005 report, the Monitors recommend that the County ensure that drug education and drug awareness programs are implemented as a part of the new behavioral management and incentive program. Such efforts need to be consistently implemented and coordinated with the efforts of the mental health staff. It was determined during the previous visit that a committee of mental health and probation staff be established to develop the substance abuse intervention with Monitor assistance. The County has continued to move forward in hiring Dr. Lee Underwood to facilitate the development of this program as recommended by the Monitor. His expertise with diverse populations of youth and co-occurring disorders will be helpful.</p>

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SETTLEMENT OBJECTIVES	RESPONSIBLE AGENCY	STATUS	PROGRESS SUMMARY
17. Psychotropic Medication: The County shall develop and implement policies, procedures and practices to ensure that psychotropic medications are prescribed, distributed, and monitored properly and safely. The County shall provide training to nursing staff regarding the side effects of psychotropic medication and require nursing staff to document the side effects that youth are experiencing.	DMH PROB	Implemented Consideration For Formalized Monitoring has been Requested Effective August 1, 2005.	Formalized monitoring for this provision was requested effective August 1, 2005. The Monitor will review this area and provide input during the February 2006 visit. If the monitor agrees to grant formalized monitoring, it will be effective August 1, 2005, or whatever date is deemed acceptable by the Monitor.
18. Restraints: The County shall revise policies, procedures, and practices to limit uses of restraints for mental health crises to circumstances necessary to protect the youth and other individuals, for only as long as is necessary, and to accomplish restraint in a safe manner.	PROB	Implemented Consideration for Formalized Monitoring has been Requested	Since the last Monitors Report, the reporting form for Soft Restraints has been modified and improved. The report form now includes all critical information regarding the reasons for their use and duration, and medical and mental health intervention. Probation has revised the Safe Crisis Management policy to include changes to the new reporting form and require that staff working in the CARE, SHU and Medical Units be trained in the application of soft restraints. The policy was provided to the Monitor in late August for review and comment. The Monitors have been asked to review this provision for consideration for formalized Monitoring during the next visit in February 2006.
19. Access to Care: The County shall develop and implement policies, procedures, and practices that allow youth to access mental health services without interference from custody staff, except as dictated by institutional safety needs.	PROB	Implemented Consideration for Formalized Monitoring has been Requested and is Pending Monitor Review of Data Submitted	Access to Care/Grievance Boxes are in place on the living units, at school and other locations across the campus. Youth are aware of the process and utilize it as necessary. The County and DOJ agreed to a change in the Action Plan to reflect a response time of 3 days for medical and mental health services that are non-emergent and 5 days for routine dental treatment. Compliance in this area exceeds the minimum 90 percent range. Formalized monitoring for this provision was requested effective October 1, 2005. The Monitor will review this area and provide input during the February 2006 visit. If the Monitor agrees to grant formalized monitoring, it will be effective on whatever date is deemed acceptable by the Monitor.

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SETTLEMENT OBJECTIVES	RESPONSIBLE AGENCY	STATUS	PROGRESS SUMMARY
<p>20. Staff Understanding of Mental Health Needs: The County and LACOE shall ensure that all staff working with youth residents has the skills and information necessary to understand behaviors of, engage in appropriate interactions with, and respond to needs of youth with mental illness and developmental disabilities. As part of fulfillment of this provision, the County and LACOE shall mutually agree upon a system for information-sharing as permitted by law, including but not limited to active and organize seeking of consents by youth and parents to allow sharing of needed information not otherwise permitted by law, to ensure that information about a youth needed for the youth's safety or to meet a serious medical, serious mental health or special education need is communicated to those individuals who need such information to care for or educate the youth.</p>	<p>PROB DMH LACOE JCHS</p>	<p>COUNTY: Implemented</p> <p>Consideration for Formalized Monitoring will be requested on February 1, 2006</p> <p>LACOE</p> <p>Not Implemented</p>	<p>COUNTY: The County agencies have continued their training of staff to ensure that that all staff working with youth residents have the skills and information necessary to understand behaviors of, engage in appropriate interactions with, and respond to the needs of youth with mental illness and developmental disabilities. Probation has completed training approximately 90% of their staff. JCHS has completed training for approximately 80% of their staff and DMH has completed 90% of its training.</p> <p>The IBMP process, which can be used to systematically identify developmentally disabled youth through the incident reporting process, has been implemented for nine months and is working well. The IBMP process allows the various agencies to meet and share information necessary for the provision of services to minors. Once identified, appropriate special programming for youth with special needs; particularly those youths who may be developmentally delayed is initiated.</p> <p>LACOE: LACOE Staff at the three juvenile halls were provided training from the Department of Mental Health to better understand the mental health needs of the minors. This training was provided to all staff in the 3 halls who have direct or indirect contact with the minors on the following dates and locations: Barry J. Nidorf – October 13, 2005; Los Padrinos – September 22, 2005; and Central is scheduled to receive the training. New staff or staff who were absent during the training, will be scheduled for the training with Mental Health. At each site, the records of attendance and the list of staff remaining to be trained should remain current and on file.</p> <p>NOTE: Compliance requirements are bifurcated for Probation and LACOE for Paragraphs 20, 22 and 30. Each agency will be monitored separately for compliance.</p>
<p>21. Housing of Youth with Disabilities: The County shall develop and implement policies, procedures, and practices to ensure that youth with mental illness and developmental disabilities are housed in settings that are no more restrictive than safety and security require.</p>	<p>PROB</p>	<p>Formalized Monitoring Initiated</p>	<p>Formalized monitoring for this provision was initiated on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.</p>

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<p>22. Training (Suicide Prevention): The County and LACOE shall ensure that all Juvenile Hall and LACOE staff who works with youth are sufficiently trained in suicide prevention so that they understand how to prevent and respond to crises, including practical matters such as location and use of a cut-down tool in the event of a youth's attempted hanging.</p>	<p>PROB JCHS DMH LACOE</p>	<p>COUNTY Implemented</p> <p>Consideration for Formalized Monitoring will be requested on February 1, 2006</p> <p>LACOE</p> <p>Not Implemented</p>	<p>COUNTY: The County and the LACOE have continued training their staff in suicide prevention. A four-hour suicide prevention training module has been developed. Through December 31, 2005, the Probation Department is at full compliance with the training requirement and the Department of Health Services-Juvenile Court Health Services has trained 90% of their staff. The Department of Mental Health initiated training of their staff in September, 2005 and has trained approximately 80% of their staff. It is anticipated that all training in this area by the County agencies will be completed by February 28, 2006 and that formalized Monitoring consideration will be requested effective March 1, 2006.</p> <p>NOTE: Compliance requirements are bifurcated for Probation and LACOE for Paragraphs 20, 22 and 30. Each agency will be monitored separately for compliance.</p> <p>LACOE: LACOE staff at Barry J. Nidorf have received the prescribed suicide prevention training on November 9 and 10, 2005; and staff at Central have received the prescribed suicide prevention training on December 8 and 9, 2005. The Los Padrinos staff is scheduled to receive the prescribed suicide prevention training on February 22 and 23, 2006. New staff or staff who were absent during the training, will be scheduled for the training with Mental Health. At each site, the records of attendance and the list of staff remaining to be trained should remain current and on file.</p>
<p>23. Sharing of Information: The County and LACOE shall develop and implement policies, procedures, and practices to ensure that arresting officers, probation, medical, education and mental health staff share appropriate information regarding potentially suicidal or self-harming youth. The County shall ensure that appropriate outside officials and family members are notified following a suicide attempt.</p>	<p>PROB</p>	<p>Pending Implementation</p> <p>The County Anticipates Requesting Formalized Monitoring For this Paragraph on March 1, 2006</p>	<p>Monthly audits demonstrate that Facility logs and reports facilitating inter-departmental communications are being maintained and are current. The Monitors note that there is ample evidence that the Departments are communicating important medical and mental health issues on minors to their parents/guardians and the appropriate Courts. The Mental Health staff currently assesses youth within the individual living units and note their progress on the green "Mental Health Recording" forms in the unit charts. Probation and DMH have revised the "Mental Health Recording" form, which requires each clinician, after assessment and/or counseling services are rendered to formally record their findings, recommended supervision levels and specialized instructions on the form. Effective February 1, 2006, copies of the form will then be placed in the Mental Health Chart, two copies will go to Probation Unit Staff (one copy for the behavior file and the other for the unit's Mental Health Log), and a copy will be provided to the central DMH office at the facility. Probation has developed a policy and procedure that will be placed in effect on February 1, 2006 that will require staff coming on duty each shift to review the "Mental Health Recording" (green-colored sheet) file and initial that they have been made aware of minors with medical or mental health issues that require their attention or knowledge. All of the policies and procedures for this particular paragraph have been developed and are being implemented on or before February 1, 2006. The County will request consideration for formalized monitoring in this area on March 1, 2006.</p>

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<p>24. Assessment: The County shall ensure that licensed mental health professionals provide timely assessment and daily reassessment of youth deemed at risk for suicidal behaviors, or more frequent reassessment as appropriate, as well as appropriate follow-up assessment once youth are discharged from suicide precautions.</p>	DMH	Pending Implementation	<p>The DOJ Monitors indicated in their October, 2005 report that the timely assessment of level 2 and level 3 youth is not being routinely achieved due to tracking difficulties. During this quarter, Probation and the Department of Mental Health have collaborated on the creation and revision of four different policies and procedures that are designed to significantly improve the tracking of all Level 2 and Level 3 minors in the facilities and ensure that mental health consultation follow-ups occur every twenty four (24) hours for minors on Level 3 status and every seventy-two (72) hour for minors on Level 2 statuses.</p> <p>Probation and DMH have revised the "<i>Mental Health Recording</i>" form, which requires each clinician, after assessment and/or counseling services are rendered to formally record their findings, recommended supervision levels and specialized instructions on the form. Effective February 1, 2006, copies of the form will then be placed in the Mental Health Chart, two copies will go to Probation Unit Staff (one copy for the behavior file and the other for the unit's Mental Health Log), and a copy will be provided to the central DMH office at the facility. Probation has developed a policy and procedure that will be placed in effect on February 1, 2006 that will require staff coming on duty each shift to review the "<i>Mental Health Log</i>" <i>each shift</i> and initial that they have been made aware of minors with medical or mental health issues that require their attention or knowledge.</p> <p>In addition to the foregoing, three (3) additional policies and procedures have been revised:</p> <p>The <i>Probation Detention System Update</i> (PDS) form has been revised to assist in tracking minors between facilities and within facilities.</p> <p>The <i>Request for Mental Health Consultation</i> form has been revised to allow for better tracking of at-risk Level 2 and level 3 minors after the consultation has been completed.</p> <p>The Probation Department's <i>Suicide Prevention Policy</i> has been revised with the assistance of the Monitors and our consultant. It will be implemented in March of 2006..</p> <p>Tracking of these processes by the Probation and Department of Mental Health administrative offices at each juvenile hall will allow for a single daily list of minors on Levels II and III to be compiled and made available to all agencies so that appropriate precautions and treatment can be incorporated into the daily programs.</p> <p>Mental Health has developed an electronic case management system, which is scheduled to become operational in the very near future. This case management system will further enhance DMH's ability to track and treat as-risk youth. The Monitors and the DOJ attorneys have indicated that they will review the County's progress toward implementing this program during the next visit.</p>

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<p>25. Management of Suicidal Youth: The County shall and LACOE shall develop and implement policies, procedures, and practices to ensure that mental health staff are sufficiently involved with probation and education staff in the management of youth exhibiting suicidal behaviors, including creation of individual behavior modification programs (County) and, if needed, creation for a youth of a Behavior Support Plan or a Behavior Intervention Plan (LACOE), and decisions about appropriate clothing, bedding, and housing (County).</p> <p>Additional actions taken by the County (contd. from column on right):</p> <ul style="list-style-type: none"> Conducted a review of the Special Handling rooms where Level 3 Supervision minors are housed and removed or repaired protuberances that can be used as a base for attaching ligature-type devices, resealed ventilation screens, and resealed/caulked the bases of surveillance cameras; Specially designed, suicide-prevention type beds were ordered for specified rooms in all three juvenile halls' Special Handling Units. Some beds have been received and are being installed at the facilities; A collaborative committee consisting of Probation, DMH, and JCHS completed a review of all policies and procedures relating to the care and treatment of at-risk youth. A revised suicide prevention policy has been drafted and is pending review. The policy and procedure should be implemented in March, 2006; On October 11, 2005, the Board of Supervisor instructed the Probation Department, to develop a plan that will address all of the pending issues to fully implement the remaining DOJ findings in their Second Semi-Annual Monitoring Report. Subsequently, on January 12, 2006, the CAO prepared a Board memorandum recommending an additional 237 line-level peace officer staff (of which 94 positions for the three juvenile halls and 10 DMH positions are recommended to improve supervision and treatment of self-harming and suicidal minors); The Probation Department continues to clearly recognize the need to ensure that a safe environment is provided for detained minors in the juvenile hall facilities; and Pending the Boards approval of the recommended staffing increases, the Probation Department has shifted some stronger, more experienced staff from regular, but critical supervision assignments to staff both the Level 3 Supervision dormitory units and our Special Handling Units. This has required Probation to replace those staff with as-needed and overtime staff as available. In addition, Probation has instituted enhanced administrative oversight procedures to ensure that appropriate reviews, investigation, and classification processes occur. 	<p>DMH PROB</p>	<p>Pending Implementation</p>	<p>In their October, 4, 2005 "Second Semi Annual Monitoring Report," and a subsequent letter to the Department of Justice, the Monitors indicated that the safety of suicidal minors housed in the Special Handling Units was of concern during their visits. They indicated that their review of suicide attempts indicated that: a) inadequate monitoring of high risk minors had occurred; b) the environmental assessment undertaken for potential self-harming activities on the part of Level III minors was not adequate; c) High-risk housing cells were not modified to protect youth from engaging in self-harming behaviors; d) the facility staffing was inadequate, which they noted appeared to be a consistent concern within the juvenile halls as a whole; e) the process for classifying self-harming and/or suicide attempt incidents appeared to be problematic and confusing; and f) suicide attempts do not appear to be investigated after their occurrence. The Monitors indicated that the County must review all settings in which Level III suicidal youth are placed, with particular emphasis on staffing levels that are appropriate for high-risk units. Minors who are considered Level III suicide risks must be supervised on a one to one basis by a single staff member who has no other related operational responsibilities except to supervise that one minor on a continuous basis without interruption. They also requested a review of suicide prevention policies. The DOJ attorneys visited the facilities on December 6, 7, and 8 and reaffirmed the concerns posed by the Monitors.</p> <p>The following actions were taken by the County:</p> <ul style="list-style-type: none"> In late October, 2005 each facility opened a dormitory-type unit to house minors on Level 3 Supervision status who are not physically aggressive and do not pose a threat to the safety and security of the facility; Minors who are physically aggressive and/or assaultive, or whose security issues preclude them from a dormitory-type supervision setting are housed in the Special Handling Unit in individual rooms with the door open and a single dedicated staff member assigned to provide direct visual supervision of a minor at all times to ensure they do not acquire contraband or engage in self-harming activities; Administrative and supervisory staff, as well as staff from the Auditor-Controller's Multi-Agency DOJ Audit Team conduct random and unannounced visits and/or audits of the various units where Level 3 Supervision status minors are housed to ensure compliance with this requirement; All suicide attempts are reviewed by supervisory staff immediately, and either that same day or within 24 hours by facility administrators, who will initiate investigations as necessary; On regular business days, facility administrators meet to review all incidents of self-harm or suicide attempts that occurred the previous day to ensure appropriate actions are taken; All self-injury and suicide attempts are tracked in a central facility database and filed; Effective On October 28, 2005, all incidents involving self-injurious and/or suicidal behaviors are referred to the facility's Individualized Behavior Management Planning (IBMP) team for review and appropriate classification each week. The IBMP team ensures incidents are appropriately classified, ensures appropriate services are recommended for the minors involved, and recommends actions that should be taken by the facility and/or individual staff members to minimize the possibility of future incidents of a like nature. The Probation Department's suicide prevention consultant supported the use of the IBMP team for this purpose; The IBMP team acts as the facility's suicide prevention committee and conducts a monthly review of all suicide attempts made within the facility to ensure that recommendations made by the IBMP team have been implemented as requested. The committee also reviews incidents looking for trends and/or problem areas or units where additional assistance, including providing services to minors, training of staff, and unit staffing changes, may be necessary and makes recommendations; <p>← PLEASE SEE ADDITIONAL ACTIONS TAKEN BY THE COUNTY THAT ARE NOTED IN FIRST COLUMN ON THE LEFT SIDE OF THIS SECTION.</p>

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26. Care for Self-Harming Youth: The County shall develop a continuum of services and responses to meet the needs of self-harming youth, including revised supervision practices to minimize incidents of self-harm and appropriate access to hospital services and specialized residential facilities.	DMH PROB	Pending Implementation	The Monitors indicate that Mental Health staff has improved their capacity to identify and assess youth who engage in self-harming behaviors, and are making appropriate decisions concerning the level of supervision that the youth should receive. The Monitors suggested that DMH and custody staff, who work with at-risk youth, should be trained in a cognitive behavioral approach such as Dialectical Behavior Therapy (DBT) in order to effectively manage suicidal and self-harming youth. The focus for training DMH staff should be on the strategies by which staff can help youth manage or reduce self-harming behaviors. Probation staff working with mentally ill youth in specialized units should understand the DMH intervention strategies (inclusive of DBT) in order to support it in their interactions with the youth. The Monitors have indicated a desire to be kept abreast of progress and changes in these areas.
27. Staffing: The County shall provide sufficient staff supervision to keep residents reasonably safe from harm and allow rehabilitative activities to occur successfully.	PROB	Pending Implementation	<p>The Monitors, in their October report indicated that the achievement of substantial compliance for several of the provisions (25) – Management of Suicidal Youth, (18, 28, 29 and 32) – Use of Force, (33) – Rehabilitation, and (35) – Youth on Youth Violence is hampered by inadequate staffing levels noted, observed and reported throughout the three juvenile halls. They noted further that, “inadequate staffing is, perhaps, the single greatest impediment to providing effective rehabilitative programming, ensuring the safety of suicidal minors, reducing youth on youth violence and reducing the number of incidents involving the use of force at the three juvenile halls... Facility safety and security requires an adequate staff to youth ratio. The absence of a safe environment represents a significant liability for the County and impedes virtually all proactive programming efforts at the three juvenile halls.”</p> <p>Probation has been working with the Department of Human Resources and the CAO’s office to develop a staffing plan for the three juvenile halls to address the issues outlined. On January 12, 2006, the CAO prepared a Board memorandum entitled “Plan to Fully Implement the Department of Justice Requirements” to address these concerns. The CAO is recommending an additional 237 Probation-related line-level staffing positions for the three juvenile halls, as well as 10 DMH positions designed to 1) increase safety for detained youth and juvenile hall staff; 2) ensure proper training of staff in new policies and practices; and 3) properly support the consistent delivery of new and existing services. This issue went before the Board of Supervisors and was approved on January 31, 2006.</p>
28. Chemical Restraint: The County shall develop and maintain policies, procedures, and practices to restrict the use of Oleoresin Capsicum (OC) spray and to appropriate circumstances, enable supervisors to maintain appropriate controls over spray use and storage, restrict the carrying of OC spray to only those individuals who need to carry and use it, prevent wherever possible the use of OC spray on populations for whom its use is contraindicated or contrary to doctors’ instructions, and ensure that decontamination occurs properly.	PROB	Pending Implementation	<p>The Probation Department has trained its employees in "Safe Crisis Management," which includes the proper use of chemical restraints. In addition, the Probation Department has submitted for review to the Monitor and the Department of Justice a Directive entitled, "Safe Crisis Management Policy." The Monitor reports that the reporting of and supervisory review of use of Chemical Restraint is steadily improving.</p> <p>Since the initiation of the Department of Justice investigation of the three juvenile halls, the use of chemical restraints has been dramatically reduced. In 2001, OC was used 1431 times; in 2002, 624 times; in 2003, 425 times; and in 2004, it was used 159 times. Statistics for the current year indicate usage level commensurate with that of 2005.</p>

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29. Use of Force: The County shall develop and implement a comprehensive policy and accompanying practices governing uses of force, ensuring that the least amount of force necessary for the safety of staff, youth residents, and visitors is used on youth.	PROB	Pending Implementation	<p>The Probation Department has completed the training of its employees in "Safe Crisis Management," which emphasizes programming and de-escalation techniques. It also includes, when required, the proper use of physical and chemical restraints. The Monitor's direct observations and review of reports indicate that the staff within the three juvenile halls are utilizing the new "Safe Crisis Management" techniques and are relying on their newly acquired de-escalation skills with increasing frequency. However, inconsistent and/or inadequate staffing levels throughout the facilities' consistently impact staff's ability to promote an effective behavior management program designed to reduce and/or control the levels of violence (fights and assaults) within the facilities. Between one-third and one-half of the current uses of force result from staff intervening in increasing incidents of youth on youth violence.</p> <p>The Probation Department has revised its Use of Force Policy and has proffered it to the Monitors for review and comment. It is anticipated that the finalized policy will be issued in March, 2006.</p> <p>In their most recent report, the Monitors expressed concerns regarding a 12.5% increase in the use of force between 2003 and 2004. The Probation Department reported that in calendar year 2003 there were 1535 uses; and in 2004 there were 1727. The frequency of use of force incidents varies widely between facilities. Two facilities have reduced the use of force while one has seen a significant increase. Comparing year-to-date use of force data, for the first six months of 2004 and 2005, LP reports a reduction from 236 to 176; CJH reports a reduction from 340 to 269; and BJN reports an increase from 293 to 407. The Monitor suggested that the Probation Department examine existing trends and embark on strategies to minimize the need to use force.</p>
30. Supervision of Youth: The County shall ensure that staff who work with youth residents have the knowledge and skills needed to effectively manage youth, including de-escalation techniques, crisis counseling, youth development, and supervision. The County and LACOE shall develop and implement mechanisms for mutual cooperation to ensure that responsibilities that are shared between the County and LACOE are adequately and appropriately addressed.	PROB LACOE	<p>COUNTY Formalized Monitoring Initiated Effective December 1, 2006</p> <p>LACOE</p> <p>Pending Implementation</p>	<p>COUNTY: Formalized Monitoring for this provision was initiated for the County on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.</p> <p>Per LACOE's approved action plan, Crisis Prevention Intervention (CPI) training is being provided to achieve compliance in this area. Staff at Central have received the prescribed Crisis CPI Training on October 13, 20, and 27, 2005. Staff at Barry J. Nidorf have taken the CPI training in January 2006, and the staff at Central will receive the training March 9, 16, and 23, 2006. New staff or staff who were absent during the training, will be scheduled for the training with certified CPI trainers from LACOE. At each juvenile hall, the records of attendance and a list of staff remaining to be trained should remain current and on file.</p>
31. Child Abuse Investigation: The County shall develop and implement a system for timely, thorough, and independent investigation of alleged child abuse.	PROB	Pending Implementation	<p>The Probation Department identified a Director to head the Child Abuse Investigations Unit. Staff recruitment has continued and staff are being brought on board and trained. Contact has been initiated with the Sheriff's Department, LAPD and the District Attorney's offices and investigative protocols have been developed. The unit members continue to attend training to improve their skills.</p> <p>The Unit is now functional and responses to allegations of child abuse are occurring within the three juvenile halls, usually within an hour or two of the incident being reported to the unit.</p> <p>The Monitor has indicated concern that the Department has yet to establish an "Office of Independent Review" staffed by an independent counsel (or like individual), who is not an employee of the Department. This independent party shall review these investigations and, after approval, refer the investigations to the Chief Deputy of the Probation Department for review and initiation of disciplinary action as appropriate, and/or referral to the District Attorney for review for potential criminal charges.</p>

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32. Use of Force Review: The County shall develop and implement a system for review of uses of force and alleged child abuse by senior management so that they may use the information gathered to improve training and supervision of staff, guide staff discipline, and/or make policy or programmatic changes as needed.	PROB	Pending Implementation	<p>The Monitors, in their October report, noted that the Probation Department has established use of force review committees at each juvenile hall. Each hall has a designated Division Director who leads a weekly meeting and discussion with building supervisors in attendance. Their discussions center on use of force and restraint incidents occurring in the previous week. The Monitor indicates that since the last Monitoring report, Probation has improved their reporting and review of individual incidents, but have not yet implemented strategies to address and reduce uses of force facility-wide. A need still exists to proactively intervene with staff and residents who are repeatedly involved in force incidents.</p> <p>A computerized tracking list called the Use of Force Administrative Tracking Log has been created. This log tracks staff who, due to multiple uses of force (three or more in a six month period), have their performance reviewed to determine whether the multiple uses of force are appropriate or indicate a need for remedial training or some other form of intervention. These performance reviews have begun at each facility. A policy and procedure for this process needs to be created.</p>
33. Rehabilitation: The County and LACOE shall provide a facility-wide behavioral management system that is implemented throughout the day, including school time.	PROB LACOE	Pending Implementation	<p>Dr. Lee Underwood (who was recommended by the DOJ) has been contacted by the County to facilitate the development of the overall behavior management programming concept, as stated in Paragraph 16. The IBMPs have been extremely useful and the facilities have continued to implement structure around these meetings.</p> <p>The County has produced a concept paper and forwarded it to the Monitors for review that describes a proposed revision to its daily living/behavior management program. The concept paper recognizes the need to provide incentives for the youth who demonstrate compliant and pro-social behaviors. The programming efforts will include the following:</p> <ul style="list-style-type: none"> ▪ Revision of and consistent implementation of the EXCEL program. ▪ Provide additional training concerning strategies of interventions, skills development and measurable goals. ▪ The culture of the environment should be focused on providing incentives that the youth are willing to work toward (e.g., rewards and programming privileges). This will facilitate unit management as well as individualized treatment planning. ▪ Integrate the merit ladder into the current system to motivate youth to work towards compliance with program goals. ▪ The County should ensure that gender specific program objectives are clearly articulated in the plan. ▪ Administrators and supervisors at the three facilities are working to develop a system which will manage the time demands on staff that the growth of this program will cause. <p>The Monitors note that the IBMP process has been extremely useful and the facilities have continued to implement structure around these meetings.</p>
34. Group Punishment: The County shall ensure that staff does not engage in group punishment implicating individual rights of which juveniles may not be deprived without due process protections, in response to individual youths' behavior violations, absent exigent security concerns.	PROB	Formalized Monitoring Initiated Effective June 1, 2005	<p>Formalized monitoring for this provision was initiated on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.</p>

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<p>35. Reduction of Youth-On-Youth Violence: The County and LACOE shall develop and implement a strategy for reducing youth-on-youth violence that includes training staff in appropriate behavior management, recognition and response to gang dynamics and violence reduction techniques.</p>	<p>PROB LACOE</p>	<p>Pending Implementation</p>	<p>The Monitors noted that each hall has weekly Youth on Youth Violence (YOYV) committee meetings that are conducted in conjunction with the Use of Force Committee meetings using the same format. They discuss individual fight incidents and the overall trends facility-wide. As with the Use of Force Committee (see Paragraph 32), the facilities have made strides in improving their reporting and review of individual incidents but have not yet employed strategies to reduce (quantitatively) the facility-wide youth on youth violence.</p> <p>The youth on youth violence statistics for calendar years 2003 and 2004, as well as the first six months of 2005, show an upward trend of fights and assaults. Bureau-wide the incidents of violence have increased from 2094 in 2003 to 2352 in 2004, a 12% increase. In the first six months of 2005, trends show the number of incidents at 1357, or projected for one full year at or over 2700. All three juvenile halls showed an increase in youth on youth violence in the first six months of 2005 as compared to 2004.</p> <p>Recently, the three halls initiated some strategies aimed at dealing with repeatedly assaultive individuals by referring them to the Individual Behavior Management Program (see Paragraph 33). The facilities have also stepped up their efforts to inform the Juvenile Court of the violent and/or assaultive behavior of repeat offenders. One facility, BJN, has begun a pilot, incentive program to that rewards housing units with the best weekly records for reducing violence and other related behaviors.</p> <p>The Monitors indicate that expanding access to Care Units for mentally ill youth who are aggressive is likely to have an impact on youth on youth violence. Additionally, the development of enhanced incentive programs (paragraph 33) that facilitate youth participation in activities and individual behavior management plans that emphasize skill development will have a significant impact on youth on youth violence during the next monitoring period. Implementing these recommendations should reduce the high rate of violence.</p> <p>The Monitor's direct observations and review of reports indicate that the staff within the three juvenile halls are utilizing the new "Safe Crisis Management" techniques and are relying on their newly acquired de-escalation skills with increasing frequency. However, inconsistent and/or inadequate staffing levels throughout the facilities' consistently impact staff's ability to promote an effective behavior management program designed to reduce and/or control the levels of violence (fights and assaults) within the facilities. In addition, the continuing high frequency of youth on youth violence exacerbates the Probation Department's attempts to reduce the frequency in which physical or chemical intervention is utilized. Between one-third and one-half of the physical or chemical interventions are the result of incidents of youth on youth violence.</p> <p>The Monitors further indicate that safety for staff and youths requires an adequate staff to youth ratio. The absence of a safe environment represents a significant liability for the County and impedes virtually all proactive programming efforts at the three juvenile halls. The County should take the preceding into consideration and endeavor to improve the staffing levels at the three juvenile halls.</p>
<p>36. Youth Movement Between Halls: The County shall ensure that movement of youth residents between facilities does not interfere with ongoing testing or provision of medical, mental health, or educational services, unless court proceedings, treatment or security needs require such movement. LACOE shall provide appropriate information to the County to support implementation of this provision.</p>	<p>PROB</p>	<p>Formalized Monitoring Initiated Effective July 1, 2005</p>	<p>Formalized Monitoring for this provision was initiated on July 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.</p>

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37. Orientation: The County shall ensure that all youth, including those who are disabled or Limited English Proficient receive orientation sufficient to communicate important information such as how to access the grievance system, medical care and mental health services, or report staff misconduct.	PROB	Implemented Consideration for Formalized Monitoring has been Requested	The Monitor indicated that the County appears to be implementing this provision. The Monitor questioned the orientation process and asked for some adjustments to be considered for formalized Monitoring. In response to this change in the Action Plan to reflect a response time of 2 weeks on a staggered timeline scale. In June, the Monitor indicated that it is not possible to determine the time of admission and time of completion of the orientation. The Orientation Form was changed to reflect this change. The Monitor also indicated that additional language and requested that these documents be created and requested changes to the documents (which were not made). Compliance in this area exceeds the minimum 90 percent provision and can be considered for formalized Monitoring during the next quarter.
38. Grievance System: The County and LACOE shall develop effective grievance systems to which youth have access when they have complaints, ensure that grievances may be filed confidentially, and ensure that they receive appropriate follow-up, including informing the author of the grievance about its outcome and tracking implementation of resolutions.	PROB	Implemented Consideration for Formalized Monitoring has been Requested	The Monitors indicate that the County has greatly improved. Staff at all three juvenile halls appear to be taking the grievances from April, May, June and part of July seriously. There are many problems. In June, there were some instances of grievances, especially when another Department or agency was involved. These issues were addressed in August, 2005 for review for consideration for formalized Monitoring. The County is awaiting the Monitor's data for review. The County is awaiting the Monitor's data for review. Compliance in this area now exceeds the minimum 90 percent provision and can be considered for formalized Monitoring during the next quarter.
39. Youth with Special Needs: The County shall develop and implement a system to ensure that youth with chronic illnesses, serious communicable diseases, physical disabilities, terminal illnesses, serious mental health needs, developmental disabilities, and those who are pregnant receive timely and adequate medical care.	JCHS	Formalized Monitoring Initiated Effective June 1, 2005	Formalized monitoring for this provision was initiated. The (QA) Team, facilitated by the County Auditor, is monitoring progress in this area on a bi-monthly basis throughout the year.
40. Outside Appointments: The County shall ensure that youth scheduled for medical appointments outside the institution are transported to these appointments.	PROB	Implemented Consideration for Formalized Monitoring has been Requested	A Medical Appointment Team (MAT) or medical transport unit was created at the three juvenile halls. This new unit has significantly improved appointments and helped to ensure that minors receive treatment. Though the MAT has been in operation for a while, it has yet met the Substantial Compliance Standard of transporting scheduled appointments on time. Internal adjustments are being made to ensure compliance in this area now exceeds the minimum 90 percent provision and can be considered for formalized monitoring during the next quarter.

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41. Medical Records Transfer: The County shall develop and implement an effective system for transferring medical records from one facility to another so that youth receive timely and consistent medical services.	JCHS	Implemented Consideration for Formalized Monitoring will be Requested in February, 2006	<p>The Monitor noted (in July, 2005) that while records are being transported between facilities and reviewed appropriately, there are some documentation processes that need further refining to ensure adequate records tracking. The recommended changes were implemented immediately.</p> <p>The Monitor noted that there has been little movement on developing an electronic health information system with a needed electronic health record (EHR) component. The Monitor recommended that an investment be made in an independent electronic health information system (network) with the capacity to interface with the Probation Department's client database and DHS databases. This approach would be collaborative, less expensive and more customizable to the specific needs of the health service.</p> <p>The major component of this provision requires that the County develop and implement an effective system for transferring medical records from one facility to another so that youth receive timely and consistent medical services. The County has made the recommended adjustments in record transfers and believes it has met the provision's main objective based on the Monitor's written findings. Accordingly, the County will be requesting review for formalized monitoring purposes during the next quarter.</p>
42. Confidentiality: The County shall develop and implement policy, procedures, and appropriate training of medical and correctional staff to ensure privacy and confidentiality in all medical encounters, except as dictated by institutional safety needs and due process rights of youth.	PROB JCHS	Formalized Monitoring Initiated Effective June 1, 2005	Formalized monitoring for this provision was initiated on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.
43. Access to Care	PROB	Implemented Consideration for Formalized Monitoring has been Requested	<p>Access to Care/Grievance Boxes are in place on the living units, at school and other locations across the campus. Youth are aware of the process and utilize it as necessary. The County and DOJ agreed to a change in the Action Plan to reflect a response time of 3 days for medical and mental health services that are non-emergent and 5 days for routine dental treatment. Compliance in this area exceeds the minimum 90 percent range.</p> <p>Formalized monitoring for this provision was requested effective October 1, 2005. The Monitor will review this area and provide input during the February 2006 visit. If the Monitor agrees to grant formalized monitoring, it will be effective on whatever date is deemed acceptable by the Monitor.</p>
44. Eyeglasses: The County shall ensure that youth in need of eyeglasses receive them in a timely manner.	JCHS	Pending Implementation	The new in-house eye clinic at CJH is set to open in April of May of 2006.. The space and staffing requirements for an in-house eye clinic at CJH have been identified. JCHS is moving forward to implement this service. This should resolve the primary limiting step of providing eyeglasses, obtaining eye examinations and filling prescriptions for minors in a timely manner.

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45. Hygiene: The County shall ensure that medical and pharmaceutical areas are maintained hygienically, and shall establish an infection control program.	JCHS PROB	Pending Implementation	The Monitor has been working very closely with the Probation Department's Management Services Bureau on this provision. The final language of the paragraph was approved and the compliance component, including the conduct of joint JCHS and Management Services Bureau (MSB) inspections, was finalized. MSB is developing an inspection tool for evaluating its performance in the medical units. In addition, a JCHS/MSB joint inspection form is being developed. It should be ready for evaluation by the next visit in December, 2005. The Monitor has expressed concern regarding the janitorial services provided to the Medical Unit and has suggested a review of contracting requirements.
46. Special Education: The County and LACOE shall develop and implement a systematic, comprehensive process to locate, screen, identify and provide appropriate services to all youth through age 21 with disabilities who require special education services.	LACOE	Implemented	<p>There has been noted improvement in student records retrieval, the planning and facilitation of Individual Education Plan (IEP) and Student Planning Team (SPT) meetings, parent participation, and the utilization of the database to track student information. Annual and Triennial IEPs are not regularly occurring within timelines. Although the maintenance of student records has improved, there must be sufficient staff at each juvenile hall to maintain the student records system on a daily basis. LACOE continues to involve Probation, Mental Health, and Health Services in the identification of minors who may qualify for special education services. Parents (or surrogate parents) are participating in the IEP meetings. Although LACOE has made progress in adhering to timelines for providing special education services, staffing needs and frequent student movement are impacting LACOE's ability to consistently provide IEP services for all special education minors within the legal timelines.</p> <p>The staff at the sites should be using the interview protocol questions that are designed to help identify students who may qualify for special education. Staff should have consistent documentation that these questions are asked of every new enrollee. LACOE should provide the appropriate training to the appropriate LACOE staff in assistive technology, transition goal writing, and special education eligibility.</p> <p>LACOE should also provide the special education eligibility training to the designated Mental Health staff at the juvenile halls.</p>
47. Related Services: LACOE shall provide related services to special education students with needs for these services.	LACOE	Implemented	<p>Designated Instruction Services (DIS) are not consistently provided to all identified students with an IEP.</p> <p>Vision and hearing screenings for special education students are taking place; however, LACOE should ensure that all students with hearing impairments receive ongoing services from an audiologist or itinerant teacher for the deaf and hard of hearing.</p> <p>Staff from LACOE and Mental Health have been collaborating to improve the referrals for AB3632. Although there are still some concerns regarding LACOE psychologists making referrals of students for AB3632, the education monitor and the two agencies are making progress in resolving all the issues.</p>
48. Parent Participation: The County and LACOE shall utilize a range of methods to facilitate parent participation in Individualized Educational Program (IEP) meetings.	LACOE	Implementation	Parents are invited to their children's IEP. However, LACOE should document all attempts to contact parents and ensure that there are frequent follow-up calls to reach parents and invite them to participate in their child's IEP.

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49. Transition Planning and Services: The County and LACOE shall provide adequate transition planning and services for all eligible youth with disabilities	LACOE	Implementation	There is evidence that LACOE is providing students who are 16 years old or older transition plans, however the transition plan goals and objectives are still not measurable. Training should be provided for staff in writing appropriate transition goals.
50. Materials, Space and Equipment: The County and LACOE shall ensure that all classes, including those held inside residential units, have appropriate materials, space, and equipment.	LACOE	Implementation	<p>The instructional minutes are above the 240 minute minimum and there is compliance in this area.</p> <p>There needs to be increased discussion between LACOE and Probation regarding facilities issues that could have a possible adverse impact the delivery of educational services</p> <p>At the 3 juvenile halls, staff provide EL instructional services in a "Newcomer Center" for students whose language proficiency is beginning to intermediate. "Newcomers" are identified as students who score at the beginning and low-intermediate levels on the California English Language Development (CELDT) test. This class provides intensive English Language Development (ELD) instruction to recent immigrant students who have very limited English language proficiency. The goal of the "Newcomer Class" is to accelerate the students' ELD and literacy skills, including academic vocabulary, thereby preparing these students to make the transition into the core standards based course. This course is a 2-hour class that is provided daily at each hall.</p> <p>The identification of English Learner (EL) students and the appropriate services for ELs are improving, but school records revealed that 2 students in units isolated from the school had not been identified and enrolled in the "newcomer center". LACOE has developed a systematic plan for providing EL services consistently in the 3 juvenile halls. However, LACOE should establish a full time English Learner Lead position for the "EL newcomer center". This position should be held by staff who has the appropriate credential to meet the needs of EL students.</p> <p>Although curriculum materials and instructional services are aligned with CDE standards, LACOE must ensure that they are consistently used in the classroom. Some teachers who were interviewed revealed that they had no knowledge of the supplemental primary language support materials. All staff should be aware of these materials and each site should ensure that these materials are purchased and accessible for classroom instruction.</p> <p>The acquisition of CELDT scores for EL students has improved, but LACOE should continue efforts to increase the number of CELDT scores. Consistent follow-up of student records requests and utilization of the EL Lead teacher should help to obtain more CELDT scores.</p> <p>LACOE continues to provide EL grade-level materials and content academic standards in the classrooms. However, there needs to be more consistency of instructional strategies and supplemental materials for EL instruction at each hall. There is a need for additional primary language support and the acquisition of supplemental primary language instructional materials.</p>

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51. Security: The County and LACOE shall ensure that staff and contractors do not leave materials or tools that may be used as weapons or escape devices.	PROB	Formalized Monitoring Initiated Effective December 1, 2005	The Monitor has been working very closely with Bureau on this provision. The Monitor noted the materials and tools used in construction or renovation held at the halls. It is noted, however, that when one walks around the campuses. Formalized monitoring for this provision was. Agreement requires a 12-month formalized monitoring Assurance (QA) Team, facilitated by the County's progress in this area on a bi-monthly basis.
52. Fire Safety: The County shall ensure adequate smoke and fire alarm coverage that communicates with appropriate entities; minimize fire-loading; light and mark egress routes adequately; and eliminate electrical hazards. LACOE shall minimize fire-loading and eliminate electrical hazards in areas within LACOE's control.	PROB	Pending Implementation	The Monitor has been working very closely with Bureau on this provision. At the time of this report, staff trained in the basics of the Life Safety Code critical components of the Code are being implemented safety which includes testing of the detection and is coordinated with the emergency drills and feed program should be completed by the next inspection June, 2006.
53. Food Safety: The County shall institute a plan for food preparation, storage, service, and kitchen repairs that eliminates risk of food borne illness.	PROB	Pending Implementation	The Monitor has been working very closely with Bureau on this provision. The "Food Handling" was inspected for maintenance deficiencies. The corrective actions necessary. Food service contract explore better coordination and communication delivery. The audit process for the monthly "tray" finalized. Self inspection by the contracting firm including a comprehensive HACCP monitoring contracting company at LP was poorly administered during the Monitor's inspection. There was no improvement in food delivery to the units was noted by the Monitor's next visit and the provision should be by the next visit in March 2006.
54. Medically Necessary Diets: The County shall ensure that those youth requiring special medical diets receive such diets as ordered.	PROB	Pending Implementation	The Monitor has been working very closely with Bureau on this provision. The Monitor notes that medical unit. A policy and procedure requiring indicating that they have received them each day. The food service vendor at CJH and BJN has diets that includes acknowledgement of receipt of all facilities and ready for evaluation by the next visit.

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<p>55. Youth Hygiene: The County and LACOE shall ensure that youth have adequate hygiene opportunities, including sanitary personal hygiene products. The County shall ensure that youth have adequate linens, bedding and clothing.</p>	PROB	Pending Implementation	<p>The Monitor has been working very closely with the Probation Department's Management Services Bureau on this provision. The Monitor noted that in Action Plan 55 (Sections A, B, C, and D), substantial work has been completed within this Action Plan in all sections and within timelines designated by the Monitor.</p> <p>Draft auditing and tracking documents for all four sections have been produced and reviewed by each director and provided to the Monitor. Those draft documents are as follows:</p> <ol style="list-style-type: none"> 1. Uniform standards for personal hygiene supplies 2. Physical Plant Inspection Report 3. Policy: Personnel Hygiene and Youth Housekeeping Directive 4. Laundry Services Audit, Living Unit Laundry Request, Inventory of Clothing and Linen, and Damage Clothing log 5. Maintenance Directive to ensure toilets, sinks, mirrors, lighting, showers and restrooms tiles are operational <p>The Monitor noted that, "These documents were created and drafted by Probation staff. It is strongly recommended that Probation involve LACOE site and County personnel be involved in the review of both the policies and monitoring instruments. Issues affecting working conditions and product purchasing may be imbedded in these documents."</p> <p>The Monitor indicated these sections would be reviewed during the next visit in March 2006.</p>
<p>Paragraph 56: System: The County and LACOE shall revise and/or institute quality assurance system to ensure implementation of the provisions addressed in this Agreement.</p>	PROB DMH JCHS LACOE	Implemented and Ongoing	<p>The County has made a significant commitment of resources and personnel in the establishment of a quality assurance program for the three juvenile halls. Data is being gathered in a variety of areas. Additionally, staff are now completing periodic compliance audits at the juvenile halls. The Lead Monitor noted that the County must continue to develop its Quality Assurance Program including the integration of data that is gathered for management and program decisions.</p> <p>The Sanitation Monitor noted that with regard to environmental health and safety, the onus rests on MSB to develop completed audit packages for provisions 51-55. At the time of this evaluation, the audit tools had not yet been completed, reviewed, tested or implemented. The audit tools will be reviewed and tested during the next monitoring visit in March 2006. The Sanitation Monitor is working with MSB to develop these audit tools to his specifications.</p>

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Paragraph 67: Consent Forms: Within ninety (90) days of the execution of this Agreement, the County shall with DOJ participation, develop and implement a system for offering youth residents and their parents or guardians the opportunity to provide DOJ with written consent to full and complete access to the residents' medical and mental health records. The County shall ensure that youth residents and their parents or guardians are offered DOJ consent forms during their first court appearances and the first appearances at which their parents or guardians are present. The County also shall ensure that copies of signed DOJ consent forms are promptly included in the youth residents' mental health and medical records.	PROB	Formalized Monitoring Initiated	Formalized Monitoring for this provision was initiated on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.
Paragraph 68: Implementation Plan: Within sixty (60) days of the execution of this Agreement, the County and LACOE shall submit to DOJ implementation plans to guide specific tasks necessary to reach compliance with this Agreement. The implementation plans shall be subject to the review and approval of the DOJ. If DOJ finds that an implementation plan is not consistent with the terms of this Agreement, DOJ shall promptly notify the County and LACOE and provide technical assistance in revising the plan.	PROB DMH JCHS LACOE	Formalized Monitoring Initiated	Formalized Monitoring for this provision was initiated on June 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.
Paragraph 69: Document Review: All written County and LACOE policies shall be submitted to the DOJ within ninety (90) days of the execution of this Agreement. All other written documents, including procedures, protocols and other items identified in paragraph 7 of this Agreement, shall be submitted to DOJ pursuant to deadlines to be determined by the Monitor. All policies, protocols, training materials, and other written documents described in paragraph 7 of this Agreement, shall be subject to review and approval by DOJ. If DOJ finds that any such documents are not consistent with the terms of this Agreement, DOJ shall promptly notify the County and LACOE and provide technical assistance in revising the plan. If in the event that the Department of Justice asserts that policies, procedures, and other written documents are not in compliance with the terms of this Agreement, the parties will agree to a schedule for the County and LACOE to submit revisions. If, after the policies, procedures, and practices affected by this Agreement are implemented, any of the parties determines that a policy, procedure, or practice, as implemented, fails to effectuate the terms of this Agreement, the County and LACOE shall consult with the DOJ and revise the policy, procedure, or practice as necessary to effectuate the terms of this Agreement.	DOJ	Formalized Monitoring Initiated	Formalized Monitoring for this provision was initiated on September 1, 2005. The Settlement Agreement requires a 12-month formalized monitoring period. The County's Multi-Agency Quality Assurance (QA) Team, facilitated by the County Auditor Controller, will continue to monitor the County's progress in this area on a bi-monthly basis throughout the monitoring period.